

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>REALLY AMERICAN PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00748582	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Blue Wave Communications LLC</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 12 / 2022</b>	
Mailing Address <b>2027 W Division St #178</b>			Amount <b>5000.00</b>	
City <b>Chicago</b>		State <b>IL</b>	Zip Code <b>60602</b>	
Purpose of Expenditure <b>Digital Ads</b>		Category/Type	Transaction ID : <b>SE.23470</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 12 / 2022</b>	
Name of Federal Candidate <b>OZ, MEHMET DR., , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>5000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Blue Wave Communications LLC</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>08 / 05 / 2022</b>	
Mailing Address <b>2027 W Division St #178</b>			Amount <b>5000.00</b>	
City <b>Chicago</b>		State <b>IL</b>	Zip Code <b>60602</b>	
Purpose of Expenditure <b>Digital Advertising</b>		Category/Type	Transaction ID : <b>SE.23469</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>08 / 05 / 2022</b>	
Name of Federal Candidate <b>OZ, MEHMET DR., , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>10000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>10000.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶				
(c) TOTAL Independent Expenditures..... ▶			<b>10000.00</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Horwitz, Justin, , ,</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>12 / 05 / 2022</b>